

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

Charitta Burt, Paralegal

U. S. Application No. 10/524608

Publication Date 2-26-07

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Copy of ISR \_\_\_\_\_, Copy of IPER \_\_\_\_\_

Assignee information: \_\_\_\_\_

Priority Info: Country US No. 60405589 date 8-14-02 MORE

Correspondence checked: 20350 deposit account 20-1430

Inventor Residence city: \_\_\_\_\_, state and/or country \_\_\_\_\_ citizenship: \_\_\_\_\_

International Application No. PCT US2003 025456 Language Eng

Copy in International Application: ✓; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ Spec.pg no. \_\_\_\_\_

371 Filing Fees: 950; US IPER meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 32 Chargeable 32 Independent 5 multiple 16

Number of drawing Sheets: 8 Foreign language: \_\_\_\_\_

Oath/Declaration: ✓ signed ✓ unsigned    defective    completed 3/24/05 Power of Attorney: \_\_\_\_\_

Small entity fee: \_\_\_\_\_ SME document yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

Article 19 Amendment: \_\_\_\_\_ replaced by Article 34 Amdt. \_\_\_\_\_

Copy ISA References \_\_\_\_\_

Copy of IPER: \_\_\_\_\_; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_ Text sequence improper \_\_\_\_\_

Preliminary Amendment(s): \_\_\_\_\_ date: \_\_\_\_\_; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: \_\_\_\_\_ DATE: \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_

Request for Immediate Examination: ✓

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): \_\_\_\_\_ Number of copies included \_\_\_\_\_

Date of 35 USC Receipt of Request: 7-14-05 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: 3/24/04 |

Notice of Missing Requirements: 11-21-05 |

Notice of Defective Response: \_\_\_\_\_ |

Notice of Acceptance: 5-16-06 |

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_

Other forms: \_\_\_\_\_

Extension of time: Number of months \_\_\_\_\_